C.
SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, Wi 54891 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date stable (Referred) [5] เกษา

Refund: Date: Permit #: Amount Paid: が で、38・3 13-0168 ENTERED) 6-24-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department

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	_	×	_			And the state of t	Conditional Use: (explain)	Condition			
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Footage	ns .	Dimensions	Ē		n	Proposed Structure			<u> </u>	Proposed Use	
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_ X Well	2	Specify Type:		📙 (New) Sanitary	□ 2		·□ 1-Story + Loft	Addition/Alteration	ddition/	116 /	>
□ City			₹│	☐ Municipal/City	1	☐ Seasonal	▽ 1-Story	New Construction	lew Cons		
Water		What Type of Sewer/Sanitary System is on the property?	What Type of er/Sanitary Sys on the propert	Wh Sewer/S Is on t	# of bedrooms	Use	# of Stories and/or basement	Project (What are you applying for)	Project lat are you app	Value at Time of Completion * include donated time & material	d Of
				- Andrews and the second secon						X Non-Shoreland	
□ Yes X No	Yes	□ Yes	ine : feet	ucture is from Shorelin	Distance Structure	Pond or Flowage If yescontinue —	□ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	ty/Land within	ls Propert		E
Are Wetlands Present?	erty in in Zone?	Is Property in Floodplain Zone?	ine : feet	acture is from Shorelin	Distance Structure	Stream (incl. Intermittent) If yescontinue —>	☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes	ty/Land within ndward side o	is Propert eek or Lai		1
S	4.70				0182		N, Range KO / W	150N	, Township	Section \$05	
	Acreage		Subdivision:	BIOCK(S) NO.	Lons) No.			0011001	361	NE 1/4, SE	F. Z.
1043	Page(s)	115	Volume_	1-000000	-4-6-4-	, ,	uacement)	4	Legal Description:		Ē
Owner /	: (i.e. Proper	Document	?ecorded	100	1	digits)	PIN: (23		Dozari	PROJECT	
□ No	Attached Yes				· ·				a a	Grand of Gra	3
Written Authorization	Written Au		ite/Zip):	Agent Mailing Address (include City/State	ent Mailing Ad	Agent Phone: Ag	-	lication on behalf	Signing Appl	Authorized Agent: (Person Signing Application on behalf of Owner(st)	Au.
hone:	Plumber Phone:			The state of the s	Plumber:		Contra		1/0	Contractor:	Cor
	SALE				K	+F828E2 X	T-\$	ぎ - -	T	Address of Property:	>
360165	Felephone:	NE 4885	Ψ'	City/State/Zip:	H ₂	Mailing Address:	Mailir	K.	VERVI.	Owner's Name:	
HER	\. □ OTHER	□ в.о.А.	USE	L USE SPECIAL	CONDITIONA	☐ PRIVY ☐ CONDITIONAL USE	□ SANI	▼ □ LAND USE	STED	TYPE OF PERMIT REQUESTED	
.org/zoning/asp)	yfieldcounty	ite www.ba	our webs	THIS APPLICATION (visit	/10 8 - 1618 р. 1	MILY TOTAL CO. 48W	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. THORAGO, ADWIND HAR OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)	L PERMITS HAVI	N UNTIL AL	OT START CONSTRUCTIO	00 N

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Date

12013

I (we) declare that this applice am (are) responsible for the may be a result of Bayfield C above described property at a

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

for including any accompanying information) has been examined by me (us) and to the best of my (out) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) tail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which unity relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the yearsonable times the purpose extrapplication.

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Deed All Owners must sign or letter(s) of authorization must accompany this application)

Address to send permit

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY, WISCONSIN

BAYFIELD COUNTY, WISCONSIN

Date Samp (Received)

CUN 077013 JUN 072013

Refund:	Amount Paid:	Date:	Permit #:
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T	1-13	5	8 0 0

Baynald Co. Zoning Dept.

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TYPE OF PERMIT REQUESTED DAND USE SANITARY OWNER'S Name: DAND USE SANITARY Owner's Name: DAND USE SANITARY Owner's Name: Property: DAND USE SANITARY Address of Property: City/State, Contractor Contractor Contractor Contractor Contractor Contractor PROJECT Legal Description: (Use Tax Statement) Od- 014 DAND USE SUBJECT Description: (Use Tax Statement) DAND USE PROJECT Legal Description: (Use Tax Statement) Od- 014 DAND USE CSM PIN: (23 dig od) CSM Od- 015 Od- 015 CSM Od- 015 CSM Od- 015 CSM Od- 015 CM Od- 015 CM	OUESTED LAND USE	EMITS HAVE BEEN LAND USE LAND USE OF THE CONTROL	LAND USE SANITARY Mailing Mailing City/st City/st Contra C	APPLICANT. TARY PRIV Mailing Address: PO City/State/Zip: Contractor Phone: Agent Phone: 7/3-774 PIN: (23 digits) 04-014 2 5 CSM Vol Tow	RIVY Sex one:	Plumber: Agent Mailing Address (include Agent Mailing Address (include Agent Mailing Agent Mailing Agent Mailing Address (include Agent Mailing Agent Mailing Address (include Agent Mailing Agent Maili	City/State/Zip: ## England This Applic City/S	CK(S)	SPECIAL USE SPECIAL USE Unde City/State/Zip): 4 4 Recorded Do Volume Lot Size	Telephone: Telephone: 7/5-7-4/-39 Cell Phone: Plumber Phone: Plumber Phone: Attached Attached Attached Attached Attached Page(s) 560 Subdivision: Acreage Acreage	B:O.A. B:O.A. Tell File File	yfieldcounty.org/zoning/asp) Telephone: 7/5-7-7/-39 Cell Phone: Plumber Phone: Written Authorization Attached A Yes
Section S	, Township _	2/ N, I	N, Range 7	W	Town of:	EX			Lot Size	100		Acreage
	☐ Is Property/Land within 300 feet of F Creek or Landward side of Floodplain?	and within 3	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶	Stream (ii	Stream (incl. Intermittent) If yescontinue>	Distance Structure	Structure	e is from Shoreline fe	reline : feet	L	Is Property in Floodplain Zone?	/in
X Shoreland —► A	s Property/L	and within 1	ই Is Property/Land within 1000 feet of Lake, Pond or Flowage াf yescontinue	, Pond or Flowage If yescontinue	lowage	Distance	Distance Structure	e is from Shoreline :	reline : feet		□ Yes □ No	
□ Non-Shoreland							4				Þ	
Value at Time of Completion * include donated time & material	Project (What are you applying for)		# of Stories and/or basement	ent	Use	# of bedrooms	ms	Sev	What Type of Sewer/Sanitary System Is on the property?	What Type of er/Sanitary Sys on the propert	stem ty?	
	☐ New Construction☐ Addition/Alteration☐	٠	☐ 1-Story ☐ 1-Story + Loft	□ X	Seasonal Year Round	□ 1 □ 2		Municipal/City (New) Sanitary	1	Specify Type:	oe:	
	Conversion , Relocate (existing bldg)		☐ 2-Story☐ Basement					Sanitary (Exists) Specify Type: Privy (Pit) or Vaulted (mi	l is	Specify Type: Vaulted (min 200 gallon)	pe: (min 20	0 gallor
25	Run a Business on Property **Eltor to del Full	[]	□ No Basement □ Foundation □	i lit	11.00	None		Portable (w/service contract) Compost Toilet None	v/service oilet	contrac		
Existing Structure: (if permit being applied for is relevant to it) Proposed Construction:	if permit being	applied for i	s relevant to it)	Len	Length:		¥ \$	Width:			Height: Height:	
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Commercial Use	se		with Attached Garage	Garage	14.00					×	$ \hat{} $	-
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÷ δ FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. 3

	Address to send permit		Authorized Assent:	(If there are Multiple Ov	Owner(s):
To the second se	12 X 30 18	you's'e signing on behalf of the ow	100 M	vners listed on the Deed All Owners	
If you recently	HERBSTER WI SHRYY	y you'de signing on behalf of the owner(s) a letter of authorization must accompany this application)	Changen lown of Clock	(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application	111111111111111111111111111111111111111

Date 1 B \mathcal{Z}

Attach
Copy of Tax Statement
ently purchased the property send your Recorded Deed

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To now your Property On Your	Date of Approval:				9	spection:	enature of Ir
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Driveway and (*) Frontage Road (Name Frontage Road) Existing Structures on your Property Well (W); (*) Septit Tank (ST); (*) Print Field (DF); (*) Holding Tank (HT) and/or (*) Printy (P) Lake; (*) Kiver; (*) Stream/Creek; or (*) Pond Wetlands; or (*) Slopes over 20% Wetlands; or (*) Slopes over 20% Continuing) Changes in plans must be approved by the Planning & Zoning C Rect Setback from the Lake (ordinary high-water mark) Rest Setback from the Blank or Bluff Weasurement Measurement Mea			Setback from W	Feet		ne South Lot Line	back from the
trith (A) on Plot Plan Driveway and (*) Frontage Road (Name Frontage Road) Existing Structures on your Property Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) Lake; (*) Stream/Creek; or (*) Pond Wetlands; or (*) Slopes over 20% **Description** **Description** **Measurement**		e Bank or Bluff	Setback from the	+	vay	e Established Right-of-V	back from th
(2) Show Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*): (8) Set and (*): (9) Lake; (*) River; (*) Stream/Creek; or (*) Pond (7) Show any (*): (8) Setbacks: (measured to the closest point) Description North (N) on Plot Plan (*) Prontage (*) Frontage Road (Name Frontage Road) (*) Frontage (*) Frontage Road (Name Frontage Road) (*) Prontage (*) Property (*) Well (N); (*) Septic Tank (ST); (*) Drain Field (DF) (*) Wetlands; or (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Stopes over 20% **Measurement** **Measur	rk) × SO,	e Lake (ordinary high-wat	Setback from the		₹oad	e Centerline of Platted	back from th
(3) Show location of (*): (*) Driveway and (*) Frontage Road (Name Frontage (4) Show: (*) Show any (*): (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF) (*) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (7) Show any (*): (*) Wetlands; or (*) Slopes over 20% Show location of (*): (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF) (*) Show any (*): (*) Wetlands; or (*) Slopes over 20% (*) Wetlands; or (*) Slopes over 20% Septic Tank (ST); (*) Drain Field (DF) (*) Pond	Measurement	Description		Measurement		Description	
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CITCAR III CONTRACTOR III.		ad)	l (Name Frontage Ro	n Plot Plan y and (*) Frontage Road	North (N) or (*) Drivewa	Show / Indicate: Show Location of (*):	(2) (3)

County, WI



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